PTO/SB/06 (12-04)

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		Hule for Form	n PTO-876	ION RECOR		1.79	Plication or De	chel Humber
400				Hectiva Decemb	er 8, 2004	/_/	11517	532
	LICATION AS FIL (Column 1)	ED - PAR	(Column 2)	SMA	LL ENTITY		Q Q	THER THAN
FOR BASIC FEE	NUMBER FILED) M	UMBER EXTRA	RATE				WILL ENTITY
(3) CFR 1.16(1), (b), or (c))	N/A		N/A	NA	150.0		RATE	FEE (
BEARCH FEE (17 CFR 1 16(N, N), or (m))	· N/A		NA.	· NA		-	. NA	300.00
EXAMINATION FEE DI CFR 1.16(4), (p), or (a))	N/A		N/A		\$250	_	NA	\$500
TOTAL CLAIMS PI OFR 1:16(1)	minus 3			NVA NVA	\$100		NIA	\$200
INDEPENDENT CLAIMS				X\$ 25	•	,.OR	X\$50	-
	If the specification	and drawled	8 exceed 100	X100	-	_	X200	
APPLICATION SIZE FEE (37 CFR 1.16(6))	sheets of paper, it is \$250 (\$125 for a additional 50 shee 35 U.S.C. 41(a)(1)	ne application small entity) i ils or traction	n size fee due for each					
MULTIPLE DEPENDENT C	LAIM PRESENT (37 C	FR-1.16(D)		+180=		-	+360=	
If the difference in column 1 is less than zero, enter "O" in column 2.				*****	 	-	1000	
	TON AS AMENDE		•	TOTAL	<u> </u>	ال ا	TOTAL	
115		O-PART	**	•	·			1
100	lumn 1)	(Column 2) HIGHEST	(Copyright 3)	SMALL	ENTITY	OR	ОТН	ER THAN
REA AME	REMAINING NUMBER AFTER PREVIOUS AMENOMENT PAID FO		PRESENT: EXTRA				RATE (\$)	LENTITY
Total a creation	Minus	24	1-7	X\$ 25	FEE (S)			FEE (1)
bidependent .		·····································	1=1	Y100		OR	X\$50	
			×100 =		OR	X200		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)				+1.80=		1 1		
				TOTAL		OR	+360=	
Colu	ma 1)	· ·	•	ADO'L FEE	(,	OR	TOTAL ADD'L FEE	
01 / 00	MMS NING	(Column 2) HIGHEST	(Column 3)				•	
AMENI	TER /) P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE (5)	ADDI: TIONAL FEE (1)	•	RATE (1)	ADDI- TIONAL
Of CFR Liggs	Winner	24	*	X\$ 25 .	10010	. h	Verd	FEE (1)
DECOM FIND	Minus **	3	20	X100		-	X\$50 .	
						OR	(200 _	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)				+180=		~ -	+360±	
			-	TOTAL		· -	-	
If the entry in column 1 is If the Highest Number Pr	loss than the entry in o eviously Paid For IN T eviously Paid For IN T	olumn 2. wrka	"O" liù column a	ADD'L FEE		OR T	OTAL DO'L FEE	- 1
		HIS SPACE IS HIS SPACE IS						

The Highest Number Proviously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

The Highest Number Proviously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

The Highest Number Proviously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Independent in the property of the public visit in the foundation is required to obtain to retain a bargin by the public visit is to like (and by the studied gathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments a the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Depending of Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

DORESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.